

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.P.I.E. CLASSIFIER		X	03/19/01
FORMALITY REVIEW	AR	931	03/22/01
RESPONSE FORMALITY REVIEW	ER	81	06/26/01

2/1/2001

## 10/17/01 INDEX OF CLAIMS

Rejected	B	Non-deductible
Allowed	I	Indebtor
(through numbered)	A	Appeal
Resubmitted	D	Objected

Claim	Date	Claim	Date	Claim	Date
1	1/1/01	1	1/1/01	1	1/1/01
2	1/2/01	2	1/2/01	2	1/2/01
3	1/3/01	3	1/3/01	3	1/3/01
4	1/4/01	4	1/4/01	4	1/4/01
5	1/5/01	5	1/5/01	5	1/5/01
6	1/6/01	6	1/6/01	6	1/6/01
7	1/7/01	7	1/7/01	7	1/7/01
8	1/8/01	8	1/8/01	8	1/8/01
9	1/9/01	9	1/9/01	9	1/9/01
10	1/10/01	10	1/10/01	10	1/10/01
11	1/11/01	11	1/11/01	11	1/11/01
12	1/12/01	12	1/12/01	12	1/12/01
13	1/13/01	13	1/13/01	13	1/13/01
14	1/14/01	14	1/14/01	14	1/14/01
15	1/15/01	15	1/15/01	15	1/15/01
16	1/16/01	16	1/16/01	16	1/16/01
17	1/17/01	17	1/17/01	17	1/17/01
18	1/18/01	18	1/18/01	18	1/18/01
19	1/19/01	19	1/19/01	19	1/19/01
20	1/20/01	20	1/20/01	20	1/20/01
21	1/21/01	21	1/21/01	21	1/21/01
22	1/22/01	22	1/22/01	22	1/22/01
23	1/23/01	23	1/23/01	23	1/23/01
24	1/24/01	24	1/24/01	24	1/24/01
25	1/25/01	25	1/25/01	25	1/25/01
26	1/26/01	26	1/26/01	26	1/26/01
27	1/27/01	27	1/27/01	27	1/27/01
28	1/28/01	28	1/28/01	28	1/28/01
29	1/29/01	29	1/29/01	29	1/29/01
30	1/30/01	30	1/30/01	30	1/30/01
31	1/31/01	31	1/31/01	31	1/31/01

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY